

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

1208  
Lobbyist's Registration Number**FOR OFFICE USE ONLY**

Postmark Date: 11/11/05

Ren. 2006  
J# 3705  
\$110.00w/8

11/11/05

2005 NOV 14 PM 3:15

RECEIVED  
NOV 14 2005**Instructions**

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME SANDERFUR, James D.  
Last First MI2. BUSINESS PHONE 318-335-0675  
Area Code and Phone Number3. BUSINESS ADDRESS 115 N. 13<sup>TH</sup> ST. - OAKDALE, LA 71463  
Street and No. City State ZipMAILING ADDRESS same  
Street and No. City State Zip4. EMPLOYER OPTOMETRY ASSN. of LA.5. EMPLOYER'S ADDRESS 115 N. 13<sup>TH</sup> ST. - OAKDALE, LA 71463  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name OPTOMETRY ASSN. of LA.Address 115 N. 13<sup>TH</sup> ST. - OAKDALE, LA 71463Business or purpose OPTOMETRYDoes this person pay you? YES

If No, who pays you? \_\_\_\_\_

# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY